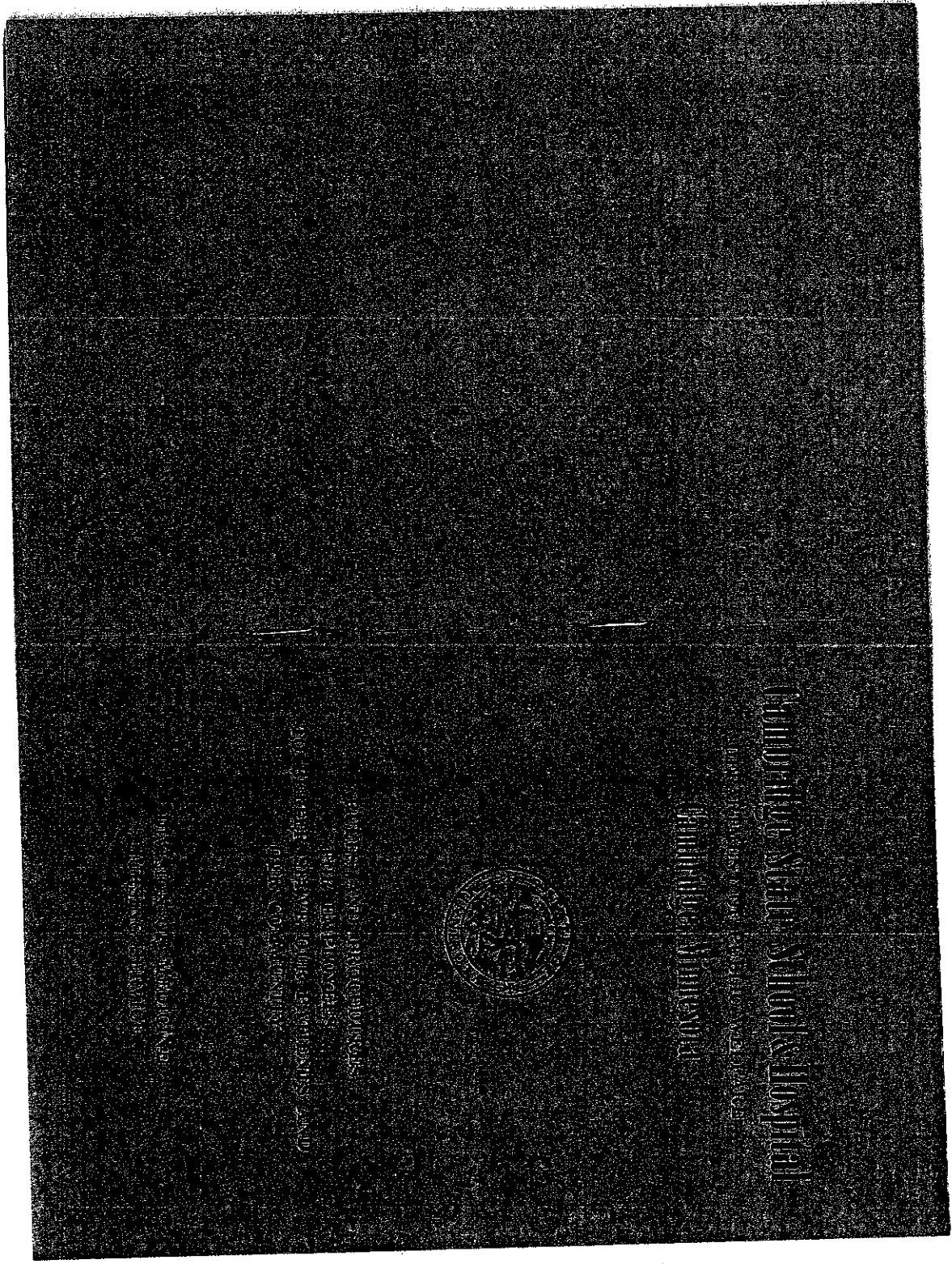


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Cambridge





WELCOME

Welcome to the Cambridge State School and Hospital. We want you to know that we are glad to have you working with us.

If you are a new employee there are probably many things about working in an institution for the mentally retarded that are strange and difficult to understand. Even if you are an experienced psychiatric aide there may still be some things you would like to have explained. In this booklet are the answers to the major questions. You will have many more, which you should take up with your nurse supervisor.

You will find that the nursing division wants you to succeed in your job and be happy in it. We will do everything we can to help you make a good adjustment. Your chances for advancement are good, especially if you take full advantage of the training courses provided for you and apply your knowledge in ward situations. All promotions are based on merit, and superior accomplishment is recognized and rewarded.

As a State Hospital psychiatric aide you will have the opportunity to develop confidence in yourself and your ability; and have the satisfaction of participating in the education, development, and rehabilitation of our mentally retarded.

George L. Wadsworth, M. D.
Superintendent

YOU'RE PART OF THE FAMILY

When you accepted employment at our hospital, you also enlisted in a great humanitarian cause—the building and rebuilding of human lives. This hospital exists for the care and treatment of the mentally retarded and epileptic patient. They need your help now, for the aim of our hospital is to restore as many as possible to their jobs, their homes, and their families. This requires the teamwork of all who work directly with patients. In addition, this hospital is a complete community and depends upon the essential services performed by all other employees to keep the machinery running smoothly.

On our team all divisions and services of the hospital help us achieve our objective. You, as a member of this family, can be proud of the way it serves the patients and their families.

THE PATIENTS AND THEIR HOME

If you should come to Cambridge you may expect to find that during the first week of your employment with us you will have several tours to different areas of the institution. Our hospital is situated in the city limits of Cambridge, bounded by thoroughfares which lead to pleasant residential sections where

many of our employees live. On this campus you will find various gardens; farm and utility buildings, laundry and warehouses, and the buildings required for patient care. To give you a better glimpse of the patients' home a brief sketch of the various services follows:

- a. **General Medical and Surgical Service**
This service is located in the Infirmary, Administration Building and Cottage 14. All patients in the hospital for medical and surgical problems will receive care and treatment in this service. New patients may also be admitted here.
- b. **Educational and Admission Service**
This service is located in Cottages 8 and 11. All new admissions and patients enrolled in the educational division are housed in these areas.
- c. **Female Service**
This service is located in Cottages 2, 4, 6, and 12. Female patients enrolled in vocational educational programs are admitted to these areas.
- d. **Male Service**
This Service is located in Cottages 1, 3, 5, 7, and 9. All male patients enrolled in vocational educational programs are admitted to these areas.

Qualified doctors of medicine appointed by the Superintendent of the hospital will be in charge of each of the four services. Regular diagnostic and treatment clinics are held on each of these services to assure the best possible patient education, treatment, and nursing care. The doctor, who is designated as chief of the service, will have his office located in the service assigned so that he may be better able to determine patients' needs and visit with patients' relatives. Offices assigned to physicians are as follows.

- a. Admission, Male - Cottage 11
- b. Admission, Female - Cottage 8
- c. Male Service - Cottage 3
- d. Female Service - Cottage 4
- e. General Medical and Surgical Service - Infirmary
- f. Director of Medical Services - Administration Building

We have tried to eliminate "back wards" or "privilege wards" from our vocabulary. Every ward is a good ward to work on because you can help some patient on every ward. In your assignments you will be placed according to the needs of the service; nursing service is required to give adequate nursing care on all wards, 24 hours a day, seven days a week to all patients. As your turn comes up you will be asked to rotate on the various shifts,

days, afternoons, and nights, so that we can maintain adequate coverage on all wards at all times. The hospital is our patient's home. The home which many of them did not have, and we are their family. It is up to us to guide them to work towards their return to the community or to make a good hospital adjustment. Please therefore, do not refer to patients as low grades, idiots, imbeciles, morons, pin heads, or water heads.

THE ROLE YOU PLAY

The importance and function of the well trained psychiatric aide cannot be over-emphasized.

- The aide is a therapeutic agent on the ward team.
- The aide is with the patient 24 hours a day.
- The aide is the extension of the doctor's and nurse's eyes and ears in reporting and observing patient behavior reactions and changes.
- The aide is an intelligent trained person who understands the aims of modern psychiatric therapy and training of the mentally retarded.

- The aide is a mature, emotionally stable individual who accepts the patient as he is; understands his behaviour and tries to guide and channel it into constructive, wholesome ways.
- The aide is a mentally and physically healthy person. He understands himself and knows how to help the sick patient with his personality.
- The aide is a team member of the professional staff who is interested in giving the best care.
- The aide is a member of a respected group of workers who contribute materially to the health and well being of the people.
- The aide is interested in his own personal and professional growth, and takes an interest in the Mental Health groups in his state.
- The aide has a written job description so that he knows what is expected of him and how it is to be done.
- The aide has developed his skills in human relations so that he knows how to like people, to work with them successfully and to get along with patients and co-workers on the job.

VALUE OF TEAM APPROACH

The needs of our patients are many if adequate standards of total care are to be maintained. The load is too heavy for one man. That is why the Cambridge State Hospital has planned patient-centered care on the team approach. This means we recognize that each of us is here for just one purpose — to help the patient attain his highest level of adjustment. He is the important person in the hospital. Our job is to work together to help him attain this goal. You may think your job is not very important but if all the little jobs of taking care of the patients are not done well then the big job of rehabilitating and training the patient will fail. That is why we each have to put our shoulder to the wheel and help the big job along.

PSYCHIATRIC VIEWPOINT

You will hear a lot about this team. You may wonder just what it means. First of all it means that you are willing to scuttle all the misconceptions you've picked up along the line about mental retardation and approach the subject with an open mind.

Mental retardation is caused by a failure in mental development. It is not a disgrace. Mental retardation doesn't only happen to

other people — it could happen to any family.

It might therefore, be reassuring to know that the mentally retarded can be helped. The mentally retarded respond to kindness, patience, and tact.

KNOWING AND PROTECTING YOUR PATIENTS

There is a proverb — "Children know who their friends are." Mentally Retarded patients also know who their friends are and that is one of their major needs. Remember - You are to be their friend. Don't let them down. More than anything else they need to know how to like people. They need to experience such positive feelings as love, affection, acceptance and praise. They have believed too long in hate, failure and frustration.

Being mentally retarded, many times they are not interested in their physical well being. Be on the alert to prevent accidents and suicides. This is very important. Observe and enforce the smoking and fire regulations. Protect the patient's interest by keeping case data confidential. Leave hospital business at the hospital. **EVERYTHING IN CONNECTION WITH PATIENTS IS TO REMAIN CONFIDENTIAL.**

VISITORS AND PUBLIC RELATIONS

As a State employee you are a "public relations" man. As a government institution our responsibilities to the taxpayers and citizens of this State is a serious duty. You can be proud of the organization you work for. We want to be proud of the way you are doing your job.

We encourage friends and relatives to visit our patients, and your conduct towards them must always be tactful and courteous at all times. Refer them to the doctor or nurse for pertinent information concerning the patient's condition. Refer them to the proper official for information regarding any part of the D. P. W. organization.

YOU ARE A CIVIL SERVICE EMPLOYEE

Instructions to Psychiatric Aides. The purpose of aide training is to improve the care of the mentally retarded and mentally ill. Our objectives are: to give the aide a thorough understanding of his therapeutic importance as a member of the "team"; to develop a therapeutic attitude toward patients and a co-operative attitude toward his co-workers; to acquaint him with the basic psychiatric concepts to do his job; to teach principles and

techniques which meet the physical, intellectual and emotional needs of the patients.

ASSIGNMENT TO DUTY:

1. Assignments of aides to duty will be in accordance with the hospital needs and policies.
2. Hours off and on duty, while regulated are subject to change, dependent upon necessities of the service. Such hours must be rigidly observed.
3. Aides must report on duty to the Charge Aide promptly at the designated time. They must remain on duty until properly relieved.
4. Under no circumstances will aides leave their posts of duty to visit other wards or posts of the hospital, escort visitors, or attend to any personal affairs, without permission from the nurse in charge.
5. Loitering of aides in washrooms, or in going to or coming from special departments on official errands is not permitted.
6. Aides taken ill or who become injured while on duty will report to the nurse supervisor. An injury report is to be made out before going off duty.

DUTIES.

In general your duties relate to assistance in the care of the patients, in the administration of treatments under the nurse's supervision, and in the maintenance of cleanliness and sanitation. Refer frequently to your job description and the performance requirements given to you in the orientation class.

CONDUCT.

1. Courtesy to visitors must be invariable. Relatives of patients visit the institutions frequently and much of their impression depends on the treatment they receive at the hands of officers and employees. Relatives and visitors should be treated with courtesy and consideration at all times. Information as to diagnosis, prognosis, possibility of parole, or release etc., should be given only by a physician or designated officers of the institution. However, reassuring remarks regarding the patient's general condition and adjustment to the institution on the part of employees are entirely in order.
2. Orders from the doctor or nurse are to be promptly obeyed. Any happening on the ward that is unusual, especially affecting the condition of a patient or patients, the

order and cleanliness of the ward, or the care of state property must be promptly reported to the nurse supervisor.

3. The use of profane or obscene language or making any unnecessary or disturbing noise while on duty will be cause for disciplinary action.
4. Smoking on duty is allowed in places designated by the Superintendent.
5. Do not ship or mail letters for patients. Handle these requests through regular channels.
6. Dismissal from employment will result from:
 - a. Reporting on duty while intoxicated.
 - b. Bringing alcoholic beverages into the hospital.
 - c. Sale, gift, or trade to patients of same.
 - d. Sleeping on duty.
 - e. Gambling, fighting or any other disorderly conduct.

CLEANLINESS AND SANITATION

1. Aides will assume the responsibility of maintaining, at all times, a clean and presentable appearance of the patients, of the

ward, bathrooms, dayrooms, showers, closets, and corridors.

2. Noticeable odors from toilets are to be eliminated by use of soap and water and approved disinfectants. Inspect toilets frequently.
3. Unsanitary habits of patients are to be reported to the nurse in charge.
4. The aide's quarters are to be kept orderly at all times. Clothes are to be kept in lockers and dressers as provided. Occupants found to be unclean and untidy will be required to put the quarters in a satisfactory condition - a second offense will be grounds for disciplinary action.

FIRE REGULATIONS

1. Aides will familiarize themselves thoroughly with fire and disaster regulations which are posted on all bulletin boards.
2. Participation of aides and patients in fire drills is compulsory.
3. All residents of station quarters will report to scene of fire disaster when whistles blow.

PROPERTY

1. Patient's valuables and other property

should be scrupulously safeguarded. Officers and employees are forbidden to receive from any patient or his relatives or friends anything in the nature of a gift or favor, however trivial. All trading, gambling, bartering or any form of financial transaction between staff members and patients is prohibited. Officers and employees handling patients' personal funds must keep scrupulous accounts of same, subject to frequent audits by the superintendent or his representative.

2. The possession by a patient of a prohibited article, such as weapons of any kind, ammunition, intoxicating liquors, medicines or drugs will be immediately reported to the nurse supervisor.
3. Aides must clearly understand their responsibility in protecting government property on wards or in and out of the building. Damage or destruction of property by patients will be promptly reported to the nurse in charge.

ADDITIONAL INSTRUCTIONS.

1. The hospital aide must always show kindness, patience, and tact toward the mentally retarded.

2. Success in handling the mentally retarded patient depends upon the aide's manner of approach:
 - a. Never threaten or scold a patient.
 - b. Address him in a courteous, friendly manner and use a moderate tone to your voice.
 - c. Never allow a patient to be laughed at, ridiculed, or harshly spoken to, because this is sufficient reason for a patient to become disturbed.
3. Under no circumstances may a patient be struck, shoved, or subjected to violence.
4. An aide who witnesses any unkindness, rudeness or violence of any kind toward a patient and does not promptly report it to the nurse supervisor or doctor is as guilty as the employee involved.
5. When patients are disturbed, sufficient help must be secured so that they may be controlled as gently as possible. If a patient is not cooperative and appears likely to become disturbed promptly notify the nurse supervisor.
6. No patient will be placed in restraint or seclusion without a written order from the ward doctor, officer of the day, or in an extreme emergency, the verbal order of the nurse supervisor.

7. Any marks, bruises or injuries of patients will be noted on all patients admitted and reported promptly to the doctor or nurse.

8. Keys.

- a. Aides are responsible for their keys.
- b. Keys will be kept on a ring and kept secure at all times.
- c. Loss of keys must be reported immediately to the nurse supervisor.

9. All patients must in accordance with the severity of their illness, be under the observation of the aides.

- a. Patients on acutely disturbed wards must have constant supervision and must never be left alone.
- b. Elopement of a patient must be reported immediately to the charge aide and to the nurse supervisor.
- c. When patients are taken off the ward:
 - 1. Patients are to be properly clothed.
 - 2. Patients are to be counted by two people before leaving and upon returning to the ward.
 - 3. Keep group in a column, avoid stragglers. Put the slower patients at the head of the line.
 - 4. One aide will station himself at the front and another in the rear. If

possible there should be an aide at each flank.

5. Patients known or suspected to be elopers, suicidal, homicidal or aggressive will be placed and kept at the rear of the line and under constant observation.

10. An individual patient count will be made at bedtime, change of shifts and at meal time.

11. Patients placed on active observation are not allowed to go to lavatories alone since this provides the opportunity for suicidal attempts, destruction of property and obstruction of toilets. Active observation means the patient will at all times be within the aides range of observation.

12. Patient's bedside units and clothes must be searched every 24 hours and particularly before bedtime.

13. When patients are in the dining room either on the wards or in the Main Dining Hall they must be carefully observed against injury to themselves or others.

14. When escorting patients on walks or merely out of doors be alert in carefully observing that they do not pick up anything that could be used to injure themselves or others.

15. An aide must always be in the bathroom or shower room with patients that are on closed wards, to be assured that baths or showers are properly taken. Untidy patients will be taken to the toilet at frequent intervals and bathed as often as is required. At no time will any patient be reprimanded for soiling himself or his clothing, but an attempt will be made to educate him along the lines of personal cleanliness.

16. In case of convulsion or seizure:

- a. Lay patient down and protect his head with a pillow or any type of padding that is handy.
- b. Loosen patient's clothing around neck and waist.
- c. Place padded tongue blade between teeth to protect tongue if you are able. Never force a tongue blade into a closed mouth.
- d. If attack begins while patient is eating, try to remove food and place head as low as possible to prevent choking.
- e. Spectators should be asked to leave the vicinity as soon as possible.

17. Mail

Patients or visitors must not be assisted in any improper or secret correspondence.

- b. Be on the alert for visitors taking mail from patients.
- c. Explain to patients that the doctor must censor mail in order to comply with postal regulations and that abusive or threatening letters may not be sent through the mails.

18. Visitors

- a. Information concerning patient's condition is confidential and will not be discussed by the aide.
- b. Visitor's inquiries are to be referred to the doctor or nurse.
- c. A signed visitor's pass must be presented by persons desiring visitation of patients.
- d. Children under 16 years of age are not permitted on the wards unless approved by physician.
- e. Interward visiting of patients is not permitted without special permission of the doctor.

19. Smoking

- a. Smoking by patients will be permitted in designated areas by the Superintendent.
- b. No smoking is permitted in halls, bathrooms, or while in transit to the dining room.

20. Clinics

- a. Patients must be on time for appointments to various clinics.
- b. Aides are responsible for patients being ready for the escort aides, who takes the patients to the various clinics.

21. Aides on Night Duty

- a. Everyone is expected to rotate on the various shifts when it is necessary.
- b. Patients must be observed at intervals every half hour. Those in seclusion, every 10 minutes.
- c. Report any unusual occurrence to the nurse.
- d. Wear noiseless shoes and maintain quietness while on duty.
- e. Maintain proper ward ventilation and have patients adequately covered.

22. Injuries

- a. Injuries received by aides on duty will be immediately reported to the charge aide and nurse supervisor. The aide will be referred to the ward doctor or the Officer of the Day who will determine fitness for duty.
- b. Always make out an injury report in the Personnel Office not later than

the next working day.

23. Volunteers give personal services in writing letters, reading, obtaining reading material, and arranging flowers. They also do shopping for the patients, serve as guides to visitors and entertainers, act as hostesses in the recreation room, staff the hospital information desk, and serve in the library. Volunteers often fill individual assignments by bringing bedside recreation to the patients, teaching simple crafts, assisting the social worker, tutoring, translating, and interpreting. They assist in ward motion picture programs, and under the instruction of trained therapists, work with patients who are practicing simple exercises.

24. Time on Duty

- a. Hours of duty, time off, and vacations will be prescribed by the superintendent or his authorized representative in keeping with the policies of the State Civil Service Department and the Department of Public Welfare. All officers and employees will be required to give their entire time and attention to their tasks during duty

- b. Reading is prohibited except for consultation of rules, regulations, text books, etc., which may be necessary to the proper performance of duty. Engaging in games and distracting amusements is prohibited unless such activities are primarily for the benefit of patients as part of the recreational treatment program.

MEDICAL CARE AND SICK LEAVE.

The personnel physician will be in the treatment room, Infirmary Building, each day from 10:00 to 10:45 A. M. and from 3:15 to 4:00 P. M. At these times employees working on wards may receive such treatment as will enable them to remain on duty. Ward employees will contact the ward physician for treatment of minor ailments. The officer of the day handles the personnel clinic after duty hours or in emergencies. Any employee injured on duty regardless of his duty assignment must report to the personnel physician or the officer of the day if the personnel physician is not on duty.

Sick leave accumulates at the rate of one day per month. It is for your benefit to be used when you are sick. **DO NOT ABUSE IT.**

Sick leave must be requested from your supervisor. If you cannot be on duty due to

illness call the Nursing Service office at least 8 hours prior to the time you are to report, emergencies excepted. If you are sick more than five days a doctor's certificate is necessary. The form may be obtained from the nurse supervisor.

YOUR PAY CHECK.

There are 24 pay periods in our calendar year. A pay period is one-half month. Deductions for Federal income tax; subsistence, retirement fund, insurance, etc., will be noted on your payroll deductions slip received with your pay check. Be sure to save these slips in your personnel folder. Any periodic increases or changes in salary will also be noted on these. Pay day is the 7th and 22nd of each month.

INCREASES, PROMOTIONS AND BENEFITS

In your orientation course you will have a conference with the Personnel Officer on many of the personnel questions that will come up in your mind. A pamphlet is available to you concerning Civil Service rights of employees. Any time you have any question please feel free to go to the Personnel Department and find out the right answer.

WORKING TOGETHER

Now that you are one of the family we would like to leave our hospital Creed of Service with you.:

"We as members of the State Hospital service accept our obligations and our opportunities to serve the Minnesota people well and in full measure, doing our best to further the free and democratic institutions of our State."

We believe it is our duty to:

Carry out loyally the will of the people of Minnesota as expressed in our laws, Serve the public with fairness, courtesy, integrity, and understanding,

Help improve the efficiency, economy, and effectiveness of our work,

And thus do our part to perform the great services of State Government."

DO'S AND DON'TS IN A STATE HOSPITAL

1. Don't give negative commands to negativistic patients.

Do tell them directly what is expected. If they are unable to cooperate, assist them in doing so.

2. Don't pry into the patient's personal problems or history.

Do listen to whatever he has to tell you, but without emotionally committing yourself. Do report significant material to the physician.

3. Don't express agreement with patients expressing delusions. Don't pretend to experience the sensations the patient experiences through hallucinations.
4. Don't argue or try to reason away patient's delusions or hallucinations. Do listen with interest, but do not agree or dispute these false ideas or unreal experiences. Inject a word or phrase of mild doubt and direct the patient's attention elsewhere.
5. Don't allow patient's to remain continually idle and withdrawn. Do try to stimulate new interest or reawaken previous interest in some activity.
6. Don't allow the rigid catatonic patient to remain in unnatural or uncomfortable positions. Do change his position to a normal relaxed one to aid his physical condition and prevent ridicule of himself.
7. Don't use force.
Do wait, if possible, until patient is more amenable to the activity or try to win his cooperation, friendship and trust.

8. Don't mislead a patient or lie to him in an effort to avoid a difficult situation. Do deal with the patient honestly at all times so that his trust in you will never be shaken; if unable to answer a question for ethical or other reasons, tell him so honestly but tactfully.

9. Don't discuss anything in the patient's presence which you would not want him to repeat — even though he may not appear to be conscious or alert. Do keep in mind that even those patients who appear in a deep sleep, or far withdrawn from reality, can often hear, understand, and remember all that goes on around them.

10. Don't whisper in the presence of paranoid patients; don't use many gestures, and don't use complicated equipment.

Do speak loud enough so the patient can clearly hear that you are not talking about him; use as few gestures as possible to avoid stimulating the paranoid patient's suspicions. Do use simple apparatus to prevent the patient from becoming apprehensive of "dangerous plots" and "instruments of tortures".

11. Don't allow the patient's mood to determine your own.

Do maintain a friendly, neutral mood tone regardless of the almost contagious effect of excessive gaiety, deep depression, or stimulating belligerence.

12. Don't encourage the manic patient to participate in competitive sports and games. Do encourage him to be interested in developing skills, and in playing group games for the game's sake — without emphasis on win-or-lose. Do encourage more quieting, less energetic and stimulating activities for him.

13. Don't rush the retarded patient or become impatient with his slow response. Do encourage him by praise and give him plenty of time, realizing that physically and mentally he is incapable of rapid responses.

14. Don't offer glib reassurance or flattery. Do offer sincere, thoughtful reassurance based only on fact; do offer genuine praise whenever and as often as is deserved.

15. Don't burst suddenly into a preoccupied patient's daydreams. Do approach him gently and unhurriedly.

16. Don't give up hope or consider a patient's slow progress to be a sign of futility.

Do remember that psychiatric patients do get well, and progress best when you seem genuinely interested in and hopeful toward their progress.

17. Don't hold a belligerent or impulsive patient by his hand when escorting him.

Do hold him gently but firmly by the wrist

18. Don't allow patients to walk out of your range of vision when escorting a group of patients.

Do keep all your patients in front of you, walking comfortably spaced but without wide gaps.

19. Don't permit the overconfident patient to perform great feats of power or ability and otherwise behave in a manner which would expose him to physical danger or ridicule.

Do guide his activities into safe and more normal channels by your own good judgment, tact, and ingenuity.

20. Don't let the more aggressive patient dominate those who are more retarded.

Do divide groups according to their behavior, interest, needs, physical and mental abilities.

21. Don't be offended by abusive or "insulting" remarks.

Do remember that if the patient were able to control his behavior, he would not need to be here. His illness often causes him to misidentify people; he does not intend his remarks for you personally but for someone whom you seem to represent in his imagination.

22. Don't avoid talking to the mute and unresponsive patient.

Do speak to him often, as though you fully expect him to respond.

23. Don't be rigid and inflexible in your dealings with the resistive or stubborn patient.

Do allow some flexibility in routine and accordance with the needs and abilities of your patients.

24. Don't attempt to lead a patient off without a word of explanation.

Do first explain fully where he is going, who authorized it and for what purpose.

25. Don't tell your patient to "snap out of it", or that with a "little will power" he could get over his illness.

Do remember that he is sick and is not always able to regulate his behavior voluntarily.

26. Don't give the self-depreciatory or the timid patient activities which are extremely challenging.

Do give him activities at which you feel he is capable of succeeding.

27. Don't give the preoccupied or withdrawn patient monotonous or repetitive activities.

Do try to stimulate his interest and thinking participation so his morbid preoccupations will be discouraged.

28. Don't ignore a patient's physical complaints—no matter how frequently or unconvincingly they are presented.

Do report all physical complaints to the physician or nurse; one of these complaints may at one time require immediate his physician.

29. Don't give information to visitors or discuss a patient's problems or behavior outside the hospital.

Do refer questions to the physician and protect the patient's confidence.

30. Don't overlook your friends and neighbors' misconceptions, prejudices and superstitions, regarding mental illness and mental hospitals.

Do help the public to understand the importance of mental hygiene, early treatment and to develop wholesome attitudes toward the mentally ill.

31. Don't devote your entire attention to only the most responsive patients, ignoring the less aggressive or sociable ones.

Do include as many in activities as possible, dividing attention to the best therapeutic advantage, and giving the retarded and withdrawn patient sufficient attention to draw him out of his dream world.

32. Don't offer medical or psychiatric advice.

Do encourage the patient's confidence in his physician.

33. Don't talk to the patient in a condescending manner in response to his dull or childish behavior.

Do speak to the patient naturally and as a friend might, on the level which you would if he were well.

34. Don't treat the patient as though he were unfeeling, unaware, or insensitive.

Do treat the patient as you would wish to be treated if you were in his situation.

35. Don't select activities for the patient according to his diagnosis alone.

Do select activities in accordance with the various manifestations of the behavior of the patient as an individual.